



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF PUBLIC TRANSPORTATION
MOTOR TRANSPORT SERVICES
2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546

APPLICATION NO. _____

APPLICATION FOR CERTIFICATE TO OPERATE TAXICAB SERVICE

Please type or print. If additional space is required for any item, attach as a separate exhibit. Attach a conviction record for federal, State or local offenses attesting to criminal record or absence thereof for applicant, if individual; for each partner, if applicant is a partnership; for each member, if applicant is a Limited Liability Company; or for principal officers and for each person owning ten (10) percent or more of the outstanding debt or equity of the applicant if applicant is a corporation. If applicant is a corporation or a limited liability company and does not currently hold authority, also attach certified copy of Certificate of Incorporation or Articles of Organization. If a trade name is used, a certified copy of Certificate of Adoption, as filed in the principal business location(s). The applicant shall provide sufficient information to the Commissioner that adequate insurance can be purchased to operate a taxicab service. This application must be accompanied by a fee of Eighty-Eight Dollars (\$88.00) in cash or a check or post office money order payable to **TREASURER, STATE OF CONNECTICUT.** **WARNING:** Do not send money (coin or bills) by mail. Application fee will not be refunded after payment. A checklist of the above has been included with this application for the convenience of the applicant.

Mail to: DEPARTMENT OF TRANSPORTATION, 2800 Berlin Turnpike - P. O. Box 317546
BUREAU OF PUBLIC TRANSPORTATION, Newington, CT 06131-7546

APPLICANT _____
(Name of Individual, Partnership, Corporation)
(or Limited Liability Company)

doing business as _____
(Trade Name, if Applicable)

of _____
(Business Address)

(City)

(State, Zip Code)

Mailing Address, if different _____
hereby applies for a certificate to operate a taxicab service for the transportation of passengers originating within the following described territory:

Town(s) and/or Cities

Answer fully the following questions:

1. Specify the number of taxicabs for which a certificate is sought:

2. Has the applicant(s) had any experience in taxicab service prior to this application or had any experience in the transportation of passengers for hire? _____ If so, describe.

3. a. If Corporation or LLC, date and State of incorporation or filing:

Date _____ State _____

- b. Name and residence address of officers of corporation or members of LLC:

Name

Address

Title

4. Would taxicab service be performed in connection with any other business? _____

If so, what?

5. Has applicant(s) had any motor vehicle accidents while operating a motor vehicle? _____
If so, state approximate date and give details:

6. Has applicant(s) had any motor vehicle violation(s) in the last five (5) years? _____ If so, provide date, violation type, and final disposition.

7. If applicant(s) is being represented by an attorney/representative, please give name, address and telephone number:

Note: If applicant is represented by an attorney, the attorney must file an appearance or letter of representation with DOT.

8. Has applicant(s) ever been convicted of any crime or offense other than motor vehicle violations? _____
If so, state approximate dates and give details including any resulting police, court or criminal process.

(This applies to every owner, partner, officer or person owning over 10% of stock of a corporation or members of a limited liability company.)

9. Has the applicant's, the applicant's partner(s), any member's or any officer's operator's license ever been revoked or suspended? If so, by what state, give reason, approximate date and length of suspension.
- _____
- _____
10. Please fill out the attached balance sheet to indicate the current financial position of the applicant(s). The balance sheet must have been prepared within the last six months.

To be executed by proprietor, each member of partnership, authorized officer of a corporation or authorized member of limited liability company.

State of _____

County of _____ SS

I, the undersigned

APPLICANT:

(NAME)

(TITLE)

(Home & Business No.)

I (we) declare under oath or affirmation that the information furnished in this application is true, correct and complete, to the best of my knowledge and belief. I also understand that any false statement(s) made regarding any information contained in this application may be grounds for rejection of this application and forfeiture of all payment(s) made in furtherance thereof.

Subscribed and sworn to before me

this _____ day of _____ 20 _____

(Notary Public)

(Applicant's Signature)

APPLICATION BALANCE SHEET - FISCAL ANALYSIS

ASSETS

LIABILITIES

CASH	_____	ACCOUNTS PAYABLE	_____
ACCOUNTS RECEIVABLE	_____	NOTES PAYABLE	_____
MATERIALS AND SUPPLIES	_____	*OTHER LIABILITIES	_____
MOTOR VEHICLES	_____	(describe below)	
REAL ESTATE	_____		
*OTHER ASSETS	_____		
(describe below)		TOTAL LIABILITIES	_____
		INDIVIDUAL'S OR PARTNER'S	
		CAPITAL ACCOUNT(S)	_____
		CAPITAL STOCK	_____
		ADDITIONAL PAID IN CAPITAL	
		RETAINED EARNINGS	_____
		TOTAL CAPITAL	_____
<u>TOTAL ASSETS</u>	_____	<u>TOTAL LIABILITIES & CAPITAL</u>	_____

NOTE: Total Assets must equal Total Liabilities and Capital

*Describe Assets and Liabilities below:

APPLICATION NO. _____

NOTICE

Pursuant to Connecticut General Statute 4a-79, you must file your applicable Social Security number or F.E.I.N. with every application for a license from the State of Connecticut.

Once a year we must forward this information to the Connecticut Department of Revenue Service.

While we must share this information with the above, this information is not available through a standard request by the general public. Once filed with your application, this page will be segregated into a special CONFIDENTIAL file.

Failure to file this information with your application will cause us to return the application as incomplete.

NAME _____
(Individual, Partnership, Corporation, Limited Liability Co.)

INDIVIDUAL(S) SOCIAL SECURITY NO(S). _____

BUSINESS F.E.I.N. NO. _____

APPLICATION CHECK SHEET - NEW TAXICAB

- A. REMITTANCE
- B. LIST OF CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MEMBERS
- C. LIST OF ANY PARTY HOLDING 10% OR MORE OF STOCK OF CORPORATION
- D.* A CONVICTION RECORD FOR FEDERAL, STATE OR LOCAL OFFENSES ON ALL PERSONS LISTED IN ITEMS B & C ABOVE, SOLE PROPRIETOR OR PARTNERS OF PARTNERSHIP
- E. FINANCIAL STATEMENT, LATEST AVAILABLE
- F. CERTIFIED COPY OF CERTIFICATE OF INCORPORATION OR ARTICLES OF ORGANIZATION (ALSO OPERATING AGREEMENT, IF AVAILABLE FOR LLC)
- G. IF A TRADE NAME IS USED, A CERTIFIED COPY OF CERTIFICATE OF ADOPTION, AS FILED WITH THE CITY/TOWN CLERKS IN THE PRINCIPAL BUSINESS LOCATION(S)
- H. NAME OF ATTORNEY OR AUTHORIZED REPRESENTATIVE, IF ANY
- I. IF APPLICANT IS NOT A RESIDENT OF THE STATE OF CONNECTICUT, WHETHER INCORPORATED OR UNINCORPORATED, THE NAME, ADDRESS AND TELEPHONE NUMBER OF AN AGENT FOR SERVICE OF LEGAL PROCESS
- J. SIGNATURES AND TELEPHONE NUMBERS
- K. APPLICATION NOTARIZED
- L. **COMPLETED FORM REQUESTING SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBER. (APPLICATION WILL BE RETURNED WITH CHECK AS INCOMPLETE IF NOT INCLUDED WITH PACKAGE)**
- M. COMPLETED "OVER TEN MILE TARIFF" FORM
- N. EVIDENCE OF INSURABILITY

PLEASE REFER TO ABOVE TO BE SURE YOUR APPLICATION IS COMPLETE

* Applicant must contact Louis Presta at DOT at (860 594-2868) to obtain Connecticut State Police fingerprint cards to fulfill this requirement.